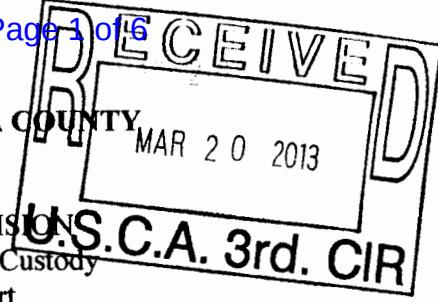


IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY



Maria Mahmood : FAMILY COURT DIVISION
 Plaintiff : Custody Partial Custody
 Visitation Support
 vs. :
 National Board of Medical Examiners : D.R. No.:
 Defendant : PACSES No.:
 :
 :

PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE, THE JUDGES OF SAID COURT:

(1) I am the (check one) PLAINTIFF DEFENDANT in the above matter and because of my financial condition I am unable to pay the required filing fee of \$ 455.00.

(2) I am unable to obtain funds from anyone, including my family and associates, to pay this fee.

(3) Check one:

- I am currently a recipient of the following type(s) of Benefits from the Pennsylvania Department of Public Welfare or Social Security Administration: (Check all that apply and be prepared to present to the filing clerk supporting documentation that you are currently receiving the benefit(s))
 - cash benefits
 - medical benefits
 - SSI
- I am not currently receiving cash or medical Public Assistance benefits, but I am attaching a completed Poverty Affidavit that verifies my financial condition, and why I cannot afford to pay the aforementioned filing fee.

I verify that the statement made in this Petition, and attached Poverty Affidavit (if applicable), are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Date: March 19, 2013

Maria Mahmood

Name of Petitioner

Address: 14717 Exbury LaneLaurel, Maryland 20707

ORDER

AND NOW, this ____ day of _____, upon consideration
of the foregoing Petition, and attached Poverty Affidavit (if applicable), it is hereby ORDERED
that the petitioner be excused from payment of the filing fee in this matter

BY THE COURT:

J.

You do not need to fill out this petition if you receive dpw or ssa benefits.

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

Maria Mahmood : FAMILY COURT DIVISION
Plaintiff : Custody Partial Custody
vs. : Visitation Support
National Board of Medical Examiners : D.R. No.:
Defendant : PACSES No.:
:

POVERTY AFFIDAVIT

1. I, Maria Mahmood am the (check one) PLAINTIFF • DEFENDANT in a support/custody matter, and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

(a) Name: Maria Mahmood

Address: 14717 Exbury Lane
Laurel, Maryland 20707

Social Security Number: 218 59 2817

Employment:

(b) If you are presently employed, state:

Employer: N/L

Employer Address: _____

Salary or Wage per month: _____

Type of Work: N/L

(c) If you are unemployed: state:

Date of last employment: NA

Salary or Wages per month: _____

Type of Work: _____

Other income within the past twelve months:

Business or profession: 0

Other Self-employment: 0 Support payments: 0

Interest: 0 Disability payments: 0

Dividends: 0 Unemployment compensation
and/or supplemental benefits: 0

Pension & annuities: 0 Public assistance/welfare: 0

Other: 0

(d) Other contributions to household support:

Wife/Husband (circle one) Name: NA

If your wife/husband is employed, state:

Employer: NA

Salary or wages per month: NA / NIL

Type of Work: _____

Contributions from children per month: NA

Contributions from parent per month: NA

Other contributions per month: NA / NIL

(e) Property owned:

Cash: 0 NA

Checking account: 0 _____

Saving account: 0 _____

Certificates of deposit: 0 NA

Real estate (including home): 0 NA

Motor vehicle: Make: 0 _____ Year: 0 _____

Cost: _____ Amount Owed: _____

Stocks; Bonds: NA

Other: NA

(f) Debts and obligations

Mortgage: NA

Rent: NA

Loans: Education Loans were in the amount of approx. \$400,000.00

Other: _____

(g) Persons dependent upon you for support:

Wife/Husband Name: NA

Child(ren) (if any):

Names(s) Age(s)

NA.

Other Persons:

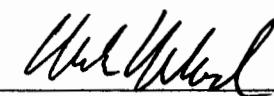
Name(s)

Relationship

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
5. I verify that the statements in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

03/19/2013

Date



Petitioner